

Community Action Hosts Furniture Drive to Benefit Families in Need **Congressw**
oman Betty McCollum

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Health Care Reform Town Hall Forum

Remarks by Congresswoman Betty McCollum

Welcome to tonight's town hall forum.

Tonight we are going to focus on health care and the need for action to reform our nation's

health care system. Health care is an issue in which every American, every family and every business is a stakeholder.

Over the past weeks I have had a series of meetings with doctors, nurses, hospitals and health plans, health care advocates, businesses and labor unions to hear their diverse perspectives. Tonight I want to listen to you. I want to hear your ideas, to your concerns and your suggestions as Congress works over the month of July to move legislation forward that addresses our nation's broken health care system.

Let me start by saying health care reform is not a done deal. Let's face it, the system we have now emphasizes profits over people. There are very powerful special interests that are very rich because of our health care system and those interests are determined to defeat any reforms that threaten their financial bottom line.

So we have a first choice – do we maintain the status quo as many health care profiteers' desire, or do we work to reform the system? Clearly, most of us here tonight want reforms.

I look at health care from the perspective of prioritizing people over profits. Right now we spend \$2.4 trillion per year for health care – in the form of taxes, premiums, or out of pocket expenses. That translates into \$8,000 for every man, woman, and child in America. That equals 16% of our country's gross domestic product.

That \$8,000 per person health care cost is 40% more than the second most expensive country in the world (Switzerland). At the same time the U.S. is ranked 37th in the world in health care outcomes, behind Costa Rica.

If our health care system spends almost twice as much as any other country in the world and we are still ranked 37th in outcomes there can only be one conclusion – our system is broken and it needs to be fixed!

So let's talk about how we can reform and fix health care.

There is agreement across party lines and across sectors of our society about some basic challenges – cost, access and quality:

- The exploding cost of health care must be contained.
- health insurance premiums have doubled since 2000 and the cost of care is bankrupting families and our government, as well as hurting businesses ability to compete globally

- Access to health care insurance, basic health care and preventive services must be expanded;
 - 47 million Americans are uninsured, including almost 9 million children (92,000 children in Minnesota)
 - Expanding access means less emergency room care, more preventive care, and less uncompensated care costs that are currently passed onto our local property taxes and increases on your insurance premiums.
 - There is one area of access that I feel strongly about that is our children. If there is an area where we must guarantee universal coverage it is for all children under 18 years of age. It makes no sense in the wealthiest country on earth that there are American children who can not access basic health care just because their parents are working poor and cannot afford health insurance. Covering all kids is a priority for me.
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- Finally, we must ensure that health care outcomes improve and quality health care is the norm;
 - For example, Rochester's Mayo Clinic is a national model for quality of care and for low cost. We need to work to build a system that is focused on keeping people healthy and out of the hospital through preventive care, but when a patient is sick we need to be focused on evidence based care that achieves positive outcomes.

Right now, Minnesota is in a unique position. We are doing a lot of things right. We have one of the lowest rates of uninsured in the country. We are a low cost – high quality state when compared to the rest of the nation. Looking ahead we can make improvements in, for example, health disparities and achieving universal health care coverage and that is something we should set our sights on.

One of the serious problems that I want to fix as we move forward with health care reform is Minnesota's low rate of reimbursement by Medicare. As a low cost – high quality state our providers and hospitals receive among the lowest rates of Medicare reimbursement in the country. We are effectively penalized for our state's success.

This needs to be fixed in legislation and if you look in your packet of materials I sent a [bipartisan letter \(PDF\)](#)

along with 27 House colleagues to House leadership urging action of fixing Medicare geographic disparities in reimbursement. If being a health care provider in Minnesota is not economically viable because of the low Medicare payment rates that means we will have fewer providers and that hurts all of us, not just Medicare patients.

Fixing Medicare's reimbursement to Minnesota providers is a priority, as is eliminating the Medicare Part D "donut hole" that is forcing seniors and the disabled to pay thousands of dollars out of pocket for needed drugs. We can do better for our seniors.

My commitment to you is to work to pass the best legislation we can that addresses the three key health care factors – cost, access and quality. I am looking at this process with an open mind and I am going to be realistic. The final outcome will not be a perfect solution, but we need to make substantial progress.

Let's start with the premise that if you like your doctor and your other health care providers you should be able to keep them. If your private health care insurance meets the needs of you and your family – great – it is yours to keep.

Second, I want to eliminate the health care rationing that now exists and is driving up cost. Right now preventive care is rationed and that results in emergency room visits and hospitalizations for preventable and treatable conditions.

Third, I support a public health care option. Health care in America should be a right, not a privilege for only those who can afford insurance. A public option is not “socialized medicine” as those fighting to maintain the status quo argue.

Let’s start with what we have in the U.S. right now. Medicare is government run health care. The Veterans Administration is government run health care. The Department of Defense provides government run health care to millions of our soldiers, sailors, airmen and marines.

If you are uninsured, under-insured, a dislocated worker, have a pre-existing condition, are at risk of losing your job, have a adult dependent who is not covered by your insurance – a public health insurance option will be the best opportunity to expand access and improve the quality of care for millions of Americans.

A public option will also serve to keep private insurers honest by working to keep costs affordable because its goal will be people’s health, not profits.

You all received my handout – [An American Solution: Quality Affordable Health Care](#) .

Inside it outlines the basics being put forth in the U.S. House by Democrats on the House Ways and Means Committee, the Energy and Commerce Committee, and the Education and Labor Committee.

This draft summary is a starting point and there will be much work to be done to get to a final product that will pass the House.

Now, I'd like to listen to you – to your ideas, thoughts and concerns. This is an open forum so I would encourage every one to speak. I would ask that comments be limited to two minutes and our time keeper will signal when your time is up.

It is not my intent to respond following every speaker since I want to hear from as many people as possible.

I would ask all speakers to please introduce themselves and say where they live.

Again, thank you all for coming out tonight.

Following your comments, I will make some closing remarks and we will be done tonight at 7:30 p.m.

Thank you.